

APPLICATION FOR APPOINTMENT/EMPLOYMENT**CITY OF GRAPEVINE****Personnel Dept., 200 S. Main, P.O. Box 95104****Grapevine, TX 76099**

JOB ANNOUNCEMENT # _____

LAST NAME		FIRST NAME		M.I.	SOCIAL SECURITY NO.
ADDRESS		CITY/STATE		ZIP CODE	TELEPHONE
ALTERNATE CONTACT NAME					TELEPHONE
POSITION DESIRED			HOW DID YOU LEARN ABOUT THE JOB FOR WHICH YOU ARE APPLYING?		
ARE YOU UNDER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT IS YOUR PRESENT AGE?		DO YOU OR YOUR SPOUSE HAVE A RELATIVE WHO IS CURRENTLY EMPLOYED, AN ELECTED OFFICER OR IS APPOINTED TO A BOARD OR COMMISSION WITH THE CITY OF GRAPEVINE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHAT IS THEIR NAME AND CURRENT POSITION?		ARE YOU A CURRENT OR PREVIOUS EMPLOYEE OF THE CITY OF GRAPEVINE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHEN AND WHERE?	
DO YOU HAVE A LEGAL RIGHT TO LIVE AND WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		INDICATE IF YOU NEED TO NOTIFY YOUR CURRENT EMPLOYER BEFORE A REPRESENTATIVE FROM THE CITY OF GRAPEVINE CALLS THEM TO CHECK REFERENCES <input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU HAVE A CURRENT DRIVER'S LICENSE? IF SO, SHOW NUMBER AND TYPE (ANSWER ONLY IF REQUIRED FOR POSITION.)					
LICENSE NUMBER		TYPE OF LICENSE		STATE	
HAVE YOU EVER ENTERED A GUILTY PLEA OR NO CONTEST OR BEEN CONVICTED OF A CRIME IN A CIVILIAN OR MILITARY COURT OR RECEIVED A DEFERRED ADJUDICATION (NOT INCLUDING TRAFFIC VIOLATIONS)? <input type="checkbox"/> YES <input type="checkbox"/> NO (A CRIMINAL RECORD WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT.) IF SO, WHAT COUNTIES/STATES/DATES?					

SUMMARY OF OTHER WORK EXPERIENCE/SPECIAL SKILLS, EQUIPMENT YOU CAN OPERATE, SPECIAL LICENSES, ETC.

PLEASE COMPLETE PAGE 2 BEFORE CONTINUING**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY, THEN SIGN AND DATE BELOW.**

ACCURACY OF INFORMATION: I have reviewed each page to make sure all parts are correct and complete. I understand that my eligibility will be based on the information contained on this application and that this document is not an offer of employment. I understand that nothing in this application, or in any prior or subsequent written or oral statement, creates a contract of employment or any rights in the nature of a contract. I agree and understand that if I am hired by the City, my employment will be at will, for an indefinite period of time and may be terminated at any time, with or without cause or notice, at the option of the City or myself. I understand that I have the right to end my employment at any time and that the City retains that same right. I also understand that no one has the authority to enter into any contract, agreement or modification of the foregoing unless such contract, agreement or modification is in writing and signed by the City Manager of the City of Grapevine.

FALSIFICATION OF INFORMATION: I hereby certify that all statements made on this application or associated documents completed during the application process are true and correct. I understand that any false statement made by me on this application or any associated documents, or later-discovered omissions of fact could cause me to be ineligible for employment or terminated from employment. Further, I understand that I am required to abide by all rules and regulations of the employer.

VERIFICATION OF INFORMATION: In connection with my application for employment and as a condition of continuing employment, I hereby authorize the City of Grapevine or any agent of the City of Grapevine to contact any school, company, credit bureau, corporation, law enforcement agency or other person or organization necessary to supply any information concerning my background. I understand that investigative background inquiries may include consumer credit, criminal record, motor vehicle and other reports. These reports may include information in regard to my work experience and education along with reasons for termination of employment from my previous employers. Further, I understand that you may be requiring information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, criminal, credit, civil and other experiences as well as claims involving me in the files of insurance companies.

As a condition of employment by the City of Grapevine or as a condition of my continued employment, I hereby authorize and give my permission to the City and its authorized agents, and to any school, company, credit bureau, corporation, law enforcement agency or other person to obtain and/or release any and all background information regarding my credit, criminal record, driving record or other sources of historical information pertaining to employment, insurance or credit history. Further, I release from any liability whatsoever the City of Grapevine officers, employees or agents and any school, company, credit bureau, corporation, law enforcement agency or other person or organization contacted by the City or its agents in the gathering and releasing of such information to the persons or entities named above.

I agree to immediately notify the City of Grapevine if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust, while my application is pending or during my period of employment, if hired.

This authorization and consent shall be valid in original, fax, or copied form. This certifies that this application and associated documents were completed by me and that all entries on them and information in them are true and complete to the best of my knowledge. I fully understand the terms of this release.

DATE: _____

SIGNATURE: _____

MILITARY EXPERIENCE:

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BRANCH OF SERVICE	DATE ENTERED	DATE SEPARATED	HONORABLE DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF MILITARY TRAINING			

EDUCATION: PLEASE DESCRIBE BELOW ANY EDUCATION OR TRAINING YOU HAVE RECEIVED WHICH WOULD QUALIFY YOU FOR THE JOB FOR WHICH YOU ARE APPLYING. (TRANSCRIPTS MAY BE REQUIRED.)

NAME OF SCHOOL	LOCATION	AREAS OF STUDY	TYPE OF DEGREE OBTAINED

EXPERIENCE: LIST ALL EMPLOYERS FOR LAST 10 YEARS. LIST CURRENT/ LAST EMPLOYER FIRST. USE ADDITIONAL PAGES IF NEEDED.

COMPANY NAME AND ADDRESS		JOB TITLE	
DESCRIPTION OF WORK PERFORMED		STARTING DATE MONTH/YEAR	ENDING DATE MONTH/YEAR
		STARTING SALARY	ENDING SALARY
NO. & TYPE OF EMPLOYEES YOU SUPERVISED		REASON FOR LEAVING	
YOUR SUPERVISOR'S NAME & TELEPHONE			
COMPANY NAME AND ADDRESS		JOB TITLE	
DESCRIPTION OF WORK PERFORMED		STARTING DATE MONTH/YEAR	ENDING DATE MONTH/YEAR
		STARTING SALARY	ENDING SALARY
NO. & TYPE OF EMPLOYEES YOU SUPERVISED		REASON FOR LEAVING	
YOUR SUPERVISOR'S NAME & TELEPHONE			
COMPANY NAME AND ADDRESS		JOB TITLE	
DESCRIPTION OF WORK PERFORMED		STARTING DATE MONTH/YEAR	ENDING DATE MONTH/YEAR
		STARTING SALARY	ENDING SALARY
NO. & TYPE OF EMPLOYEES YOU SUPERVISED		REASON FOR LEAVING	
YOUR SUPERVISOR'S NAME & TELEPHONE			

DRUG-FREE WORK ENVIRONMENT. THE CITY OF GRAPEVINE IS COMMITTED TO PROVIDING A SAFE, EFFICIENT, DRUG-FREE WORK ENVIRONMENT FOR ALL EMPLOYEES. IN KEEPING WITH THIS COMMITMENT, FINALISTS FOR ALL JOB OPENINGS WILL BE REQUIRED TO PROVIDE BODY FLUIDS (BLOOD OR URINE) TO DETERMINE THE USE OF ALCOHOL, ILLEGAL OR CONTROLLED SUBSTANCES IN THE WORK PLACE.

**DRUG SCREEN, PHYSICAL EXAMINATION AND MEDICAL HISTORY
CONSENT FORM
CITY OF GRAPEVINE, TEXAS**

Applicant Name (Print): _____

Date: _____

If I receive an offer of appointment/employment or job change (i.e. promotion, demotion or transfer), I understand it is conditional upon the results of my physical examination, Essential Job Function Screen and/or drug screen. For these purposes, I acknowledge these procedures as a requirement and release, indemnify, and hold harmless the City, its elected officials, employees, agents, attorneys, contractors and subcontractors from liability, claims, or damages for any actions taken or resulting from the outcome of this test.

Medical Consent: I _____, consent to a medical examination and the collection of breath, urine, and/or blood samples by the city's testing facility, or designee, to determine the presence of drugs, if any, in my system.

Authorization to Release Information: I authorize the testing facility to release any and all medical information and test results obtained during or as a result of the examination(s) to the City of Grapevine.

I understand that my alteration of this consent form; refusal to consent to or cooperate fully with a medical examination and/or the collection of breath, urine and/or blood samples; or my refusal to authorize the release of information to the City of Grapevine may be grounds for revocation of the conditional offer of employment or job change.

Additionally, I release, indemnify and hold harmless the City, its elected officials, employees, agents, attorneys, contractors and subcontractors from liability, claims or damages for any actions taken or resulting from the outcome of this testing.

I have read and I fully and completely understand the statements made in this consent form. This form is valid in original, faxed, or photocopied format.

Applicant's Signature

Date

Parental Signature (if applicant is under 18)

Date

[illegible]

Last Name

I understand that I have the right to receive notice about the nature and scope of any investigative consumer report requested within five days after the City of Grapevine receives my request or five days after the investigative consumer report was requested, whichever is later.

- ☐ By filling in this circle, I indicate that I wish to receive further disclosure about the nature and scope of any City of Grapevine request for an investigative consumer report.

This consent will not affect my ability to question or dispute the accuracy of any information contained in my report. I understand if City of Grapevine makes a conditional decision to disqualify me based all or in part on my report, I will be provided with a copy of the report and another description in writing of my rights under the federal Fair Credit Reporting Act and, as required by law, any related state summary of rights, and if I disagree with the accuracy of the purported disqualifying information in the report, I must notify City of Grapevine within five business days of my receipt of the report that I am challenging the accuracy of such information with **Sterling InfoSystems Inc.**

In order to verify my identity for the purposes of background identification, I am voluntarily releasing my date of birth, social security number and the other information below for my own benefit and fully understand that all employment decisions are based on legitimate non-discriminatory reasons.

- ☐ **Minnesota & Oklahoma Applicants Only:** I have the right to request a copy of the consumer report obtained by City of Grapevine from STERLING by checking the box. STERLING will mail the consumer report directly to me. I wish to receive a copy of the consumer/investigative consumer report. (Check only if you wish to receive a copy.)

- ☐ **Maine Applicants Only:** By checking the box, I indicate that I wish to receive the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries regarding the investigative consumer report.

- ☐ **Washington State Applicants Only (AS APPLICABLE):** I further understand that City of Grapevine will not obtain information about my "credit worthiness, credit standing, or credit capacity" unless the information is required by law, or is substantially job related, and the reasons for using the information are disclosed to me in writing. (If this option is checked, complete the question below.)

Reasons why City of Grapevine considers information about "credit worthiness, credit standing, or credit capacity" as substantially job related:

NY Applicants Only: I also acknowledge that I have received the attached copy of Article 23A of New York's Correction Law. I further understand that I may review and receive a copy of any investigative consumer report by contacting the consumer reporting agency. I further understand that I will be advised if any further checks are requested and provided the name and address of the consumer reporting agency.

Today's Date:



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Para informacion en espanol, visite <http://www.ftc.gov/credit> o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to <http://www.ftc.gov/credit> or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See <http://www.ftc.gov/credit> for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See <http://www.ftc.gov/credit> for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer-reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.



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You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

FOR QUESTIONS OR CONCERNS REGARDING**PLEASE CONTACT**

Consumer reporting agencies, creditors and others not listed below

Federal Trade Commission
Consumer Response Center- FCRA
Washington, DC 20580 - 877-382-4357

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)

Office of the Comptroller of the Currency
Compliance Management, Mail Stop 6-6
Washington, DC 20219 - 800-613-6743

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)

Federal Reserve Board
Division of Consumer & Community Affairs
Washington, DC 20551 - 202-452-3693

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)

Office of Thrift Supervision
Consumer Programs
Washington D.C. 20552 - 800- 842-6929

Federal credit unions (words "Federal Credit Union" appear in institution's name)

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314 - 703-519-4600

State-chartered banks that are not members of the Federal Reserve System

Federal Deposit Insurance Corporation
Division of Compliance & Consumer Affairs
Washington, DC 20429 - 877-275-3342

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission

Department of Transportation
Office of Financial Management
Washington, DC 20590 - 202-366-1306

Activities subject to the Packers and Stockyards Act, 1921

Department of Agriculture
Office of Deputy Administrator-GIPSA
Washington, DC 20250 - 202-720-7051

MOTOR VEHICLE RECORD HISTORY INFORMATION

The City of Grapevine is self-insured. It is a business necessity for the City to hire only employees who are safe drivers and who maintain a good driving record. The questions listed below are intended to ensure all applicants/employees meet at least the minimum driving record requirements. The position you are applying for may require driving a vehicle as a function of the job. If so, the City will conduct a driver's license record check to verify your eligibility to drive for the City of Grapevine. Please provide the information indicated below to facilitate this driver's license check. **If the position for which you are applying does not require you to drive a vehicle, the completion of the rest of this form is voluntary.** You may write on the back of this page if you need additional space.

1. List all motor vehicle accidents in which you were involved during the 3 years preceding the date this application is submitted. Specify the date and nature of each accident and any fatalities or personal injuries it caused.

2. List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the 3 years preceding the date this application is submitted.

3. State in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to you, or state that no such denial, revocation, or suspension has occurred.

4. Does the position for which you are applying require a Commercial Driver's License?
[] No [] Yes If yes, you must list on the employment application the names and addresses of all previous employers for the past ten (10) years, the dates you were employed by them, and the reasons for leaving each of these employers. (49 CFR 383.35).
5. If you currently hold a Commercial Driver's License, you must complete the following information pursuant to Part 391.21 of the Federal Motor Carrier Safety Regulations. Turn this page over, if you need more room.

Driver Licenses	State Issued	License No.	Type of License	Expiration Date

Driving Experience Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates You Have Operated From To		Approx. Total Miles of Your Operation
Straight Truck				
Tractor and Semi-Trailer				
Tractor-Two Trailers				
Other				

This form will be detached from your application before your application is reviewed. The information on this form will only be used to verify driving eligibility.

Signature of Applicant/Appointee _____

Date _____

APPLICANT/APPOINTEE SURVEY

The City of Grapevine adheres to the Equal Employment Opportunity guidelines set forth by State and Federal laws. This information is sought in good faith, will be used for statistical purposes, and will not be used in any way to discriminate against any applicant for employment. Please provide accurate information. This information is optional; however, your cooperation is important. This information will be separated before your application is processed.

SOCIAL SECURITY NUMBER
(FOR IDENTIFICATION ONLY)

TODAY'S DATE
MO. DAY YR.

SEX
M/F

DATE OF BIRTH
MO. DAY YR.

VETERAN
Y/N

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RACE OR ETHNIC GROUP

- ☐ Hispanic ☐ White ☐ Black
☐ Asian ☐ American Indian

JOB ANNOUNCEMENT # _____